

**ORIGINAL**



**State of Connecticut  
Office of Health Care Access  
Letter of Intent/Waiver Form  
Form 2030**

All Applicants must complete a Letter of Intent (LOI) form prior to submitting a Certificate of Need application, pursuant to Sections 19a-638 and 19a-639 of the Connecticut General Statutes and Section 19a-643-79 of OHCA's Regulations. Please submit this form to the Commissioner of the Office of Health Care Access, 410 Capitol Avenue, MS# 13HCA, P.O. Box 340308, Hartford, Connecticut 06134-0308.

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OFFICE OF  
HEALTH CARE ACCESS

**SECTION I. APPLICANT INFORMATION**

If there are more than two Applicants, please attach a separate sheet of paper and provide additional information in the format below.

	Applicant One	Applicant Two
Full legal name	Rushford Center Inc.	
Doing Business As	Rushford Center Inc.	
Name of Parent Corporation	Hartford Health Care Corporation	
Mailing Address, if Post Office Box, include a street mailing address for Certified Mail	384 Pratt Street Meriden, CT 06450	
Applicant type (e.g., profit/non-profit)	Private Non-profit	
Contact person, including title or position	Jeffrey Walter, President	
Contact person's street mailing address	384 Pratt Street Meriden, CT 06450	
Contact person's phone #, fax # and e-mail address	203-238-6803 203-634-2799 (fax) jwalter@rushford.org	

## SECTION II. GENERAL APPLICATION INFORMATION

a. Proposal/Project Title:

Acquisition of Replacement Facility for Outpatient Behavioral Health Services

b. Type of Proposal, please check all that apply:

☐ Change in Facility (F), Service (S) or Function (Fnc) pursuant to Section 19a-638, C.G.S.:

☐ New (F, S, Fnc) ☐ Replacement ☐ Additional (F, S, Fnc)

☐ Expansion (F, S, Fnc) ☐ Relocation ☐ Service Termination

☐ Bed Addition ☐ Bed Reduction ☐ Change in Ownership/Control

☒ Capital Expenditure/Cost, pursuant to Section 19a-639, C.G.S.:

☒ Project expenditure/cost cost greater than \$ 1,000,000

☐ Equipment Acquisition greater than \$ 400,000

☐ New ☐ Replacement ☐ Major Medical

☐ Imaging ☐ Linear Accelerator

☐ Change in ownership or control, pursuant to Section 19a-639 C.G.S., resulting in a capital expenditure over \$1,000,000

c. Location of proposal (Town including street address):

875 Research Parkway, Meriden

d. List all the municipalities this project is intended to serve:

Meriden and Wallingford

e. Estimated starting date for the project: May 1, 2005

- f. Type of project: 18 (Fill in the appropriate number(s) from page 7 of this form)

**Number of Beds (to be completed if changes are proposed)**

Type	Existing Staffed	Existing Licensed	Proposed Increase (Decrease)	Proposed Total Licensed

**SECTION III. ESTIMATED CAPITAL EXPENDITURE INFORMATION**

- a. Estimated Total Capital Expenditure: \$ 5,500,000  
b. Please provide the following breakdown as appropriate:

Construction/Renovations	\$5,500,000*
Medical Equipment (Purchase)	
Imaging Equipment (Purchase)	
Non-Medical Equipment (Purchase)	
Sales Tax	
Delivery & Installation	
<b>Total Capital Expenditure</b>	<b>\$5,500,000</b>
Fair Market Value of Leased Equipment	
<b>Total Capital Cost</b>	<b>\$5,500,000</b>

- Includes property acquisition and renovations

**Major Medical and/or Imaging equipment acquisition:**

Equipment Type	Name	Model	Number of Units	Cost per unit

Note: Provide a copy of the contract with the vendor for major medical/imaging equipment.

- c. Type of financing or funding source (more than one can be checked):

- ☐ Applicant's Equity      ☐ Lease Financing      ☒ Conventional Loan  
☒ Charitable Contributions      ☐ CHEFA Financing      ☒ Grant Funding  
☐ Funded Depreciation      ☒ Other (specify): Seller Financing

#### SECTION IV. PROJECT DESCRIPTION

Please attach a separate 8.5" X 11" sheet(s) of paper and provide no more than a 2 page description of the proposed project, highlighting all the important aspects of the proposed project. Please be sure to address the following (if applicable):

1. Currently what types of services are being provided? If applicable, provide a copy of each Department of Public Health license held by the Petitioner.
2. What types of services are being proposed and what DPH licensure categories will be sought, if applicable?
3. Who is the current population served and who is the target population to be served?
4. Identify any unmet need and how this project will fulfill that need.
5. Are there any similar existing service providers in the proposed geographic area?
6. What is the effect of this project on the health care delivery system in the State of Connecticut?
7. Who will be responsible for providing the service?
8. Who are the payers of this service?

**If requesting a Waiver of a Certificate of Need, please complete Section V.**

#### SECTION V. WAIVER OF CON FOR REPLACEMENT EQUIPMENT

I may be eligible for a waiver from the Certificate of Need process because of the following:  
(Please check all that apply)

- ☐ This request is for Replacement Equipment.
- ☐ The original equipment was authorized by the Commission/OHCA in Docket Number: \_\_\_\_\_.
- ☐ The cost of the equipment is not to exceed \$2,000,000.

- ☐ The cost of the replacement equipment does not exceed the original cost increased by 10% per year.

Please complete the attached affidavit for Section V only.

**AFFIDAVIT**

Applicant: Rushford Center Inc.

Project Title: Acquisition of Replacement Facility for Outpatient Behavioral Health Services

I, Jeffrey Walter, CEO  
(Name) (Position – CEO or CFO)

of Rushford Center Inc. being duly sworn, depose and state that the information provided in this CON Letter of Intent/Waiver Form (2030) is true and accurate to the best of my knowledge, and that Rushford Center Inc. complies with the appropriate and (Facility Name) applicable criteria as set forth in the Sections 19a-630, 19a-637, 19a-638, 19a-639, 19a-486 and/or 4-181 of the Connecticut General Statutes.

Jeffrey Walter  
Signature

November 15, 2005  
Date

Subscribed and sworn to before me on November 15, 2005

Sandra M. Rasch  
Notary Public/Commissioner of Superior Court

My commission expires: April 30, 2009

## Project Type Listing

Please indicate the number or numbers of types of projects that apply to your request on the line provided on the Letter of Intent Form (Section II, page 2).

### Inpatient

1. Cardiac Services
2. Hospice
3. Maternity
4. Med/ Surg.
5. Pediatrics
6. Rehabilitation Services
7. Transplantation Programs
8. Trauma Centers
9. Behavioral Health (Psychiatric and Substance Abuse Services)
10. Other Inpatient

### Outpatient

11. Ambulatory Surgery Center
12. Birthing Centers
13. Oncology Services
14. Outpatient Rehabilitation Services
15. Paramedics Services
16. Primary Care Clinics
17. Urgent Care Units
18. Behavioral Health (Psychiatric and Substance Abuse Services)
19. MRI
20. CT Scanner
21. PET Scanner
22. Other Imaging Services
23. Lithotripsy
24. Mobile Services
25. Other Outpatient
26. Central Services Facility

### Non-Clinical

27. Facility Development
28. Non-Medical Equipment
29. Land and Building Acquisitions
30. Organizational Structure (Mergers, Acquisitions, Affiliations, and Changes in Ownership)
31. Renovations
32. Other Non-Clinical

#### SECTION IV. PROJECT DESCRIPTION

1. Currently what types of services are being provided? If applicable, provide a copy of each Department of Public Health license held by the Petitioner.

The Applicant is currently licensed by the Department of Public Health (copies attached) at 883 Paddock Avenue, Meriden, for the following types of services: mental health day treatment facility, adult psychiatric outpatient clinic, and facility for the Care or Treatment of Substance Abusive or Dependent Persons. (Please note that the attached copies of licenses show an expiration date of September 30, 2005. The Applicant has not yet received new license certificates from the DPH.)

2. What types of services are being proposed and what DPH licensure categories will be sought, if applicable?

The Applicant will seek for the new location the same DPH licensure categories as listed in Item #1 above.

3. Who is the current population served and who is the target population to be served?

The current and proposed target populations are the same: Meriden and Wallingford residents with psychiatric and addictive disorders.

4. Identify any unmet need and how this project will fulfill that need.

The Applicant is the primary community resource serving Meriden and Wallingford that addresses the local need for outpatient behavioral health services. The proposed facility will enable the applicant to better meet the community need.

5. Are there any similar existing service providers in the proposed geographic area?

There are several other providers of outpatient mental health services in the proposed geographic area. The Applicant is the only lead mental health authority for Meriden and Wallingford, designated by the State Department of Mental Health and Addiction Services (DMHAS).

6. What is the effect of this project on the health care delivery system in the State of Connecticut?

The acquisition of a new, replacement facility in Meriden will assure the continued provision of outpatient behavioral health services to the Meriden-Wallingford service area.

7. Who will be responsible for providing the service?

The Applicant will be responsible for providing all services in the facility.

8. Who are the payers of this service?

The payers include the State of Connecticut, Medicare, Medicaid, commercial insurance and self-pay patients.

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STATE OF CONNECTICUT

Department of Public Health

LICENSE

License No. 0000-0039

**Mental Health Day Treatment Facility**

In accordance with the provisions of the General Statutes of Connecticut Section 19a-493:

Rushford Center, Inc. of Middletown, CT, d/b/a Rushford Center Inc is hereby licensed to maintain and operate a Mental Health Day Treatment Facility.

**Rushford Center Inc** is located at 883 Paddock Avenue, Meriden, CT 06450 with:

Jeffrey Walter as Executive Director

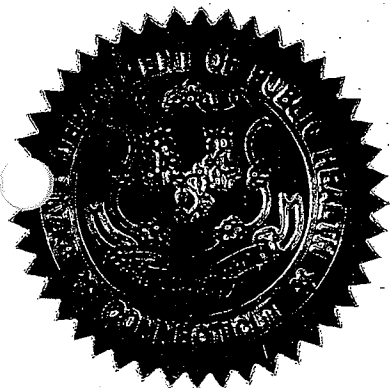
Barbara A. Bugella RnN as Director

The service classification(s) and if applicable, the residential capacities are as follows:

MULTI SERVICE

This license expires **September 30, 2005** and may be revoked for cause at any time.

Dated at Hartford, Connecticut, November 25, 2003. INITIAL



A handwritten signature in black ink, appearing to read "Norma Gyle".

Norma Gyle, R.N., Ph.D., Acting  
Commissioner

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STATE OF CONNECTICUT

Department of Public Health

LICENSE

License No. 0361

Psychiatric Outpatient Clinic for Adults

In accordance with the provisions of the General Statutes of Connecticut Section 19a-493:

Rushford Center, Inc. of Middletown, CT, d/b/a Rushford Center Inc is hereby licensed to maintain and operate a Psychiatric Outpatient Clinic for Adults.

**Rushford Center Inc** is located at 883 Paddock Avenue, Meriden, CT 06450 with:

Jeffrey Walter as Executive Director

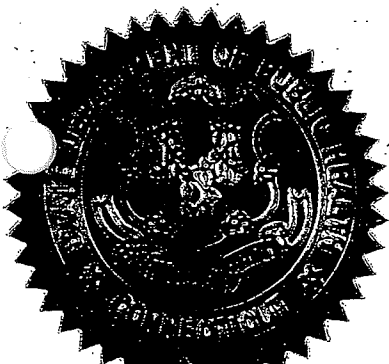
Barbara A. Bugella RN as Director

The service classification(s) and if applicable, the residential capacities are as follows:

MULTI SERVICE

This license expires **September 30, 2005** and may be revoked for cause at any time.

Dated at Hartford, Connecticut, November 25, 2003. INITIAL



A handwritten signature in black ink, appearing to read "Norma Gyle".

Norma Gyle, R.N., Ph.D., Acting  
Commissioner

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STATE OF CONNECTICUT

Department of Public Health

LICENSE

License No. 0292

**Facility for the Care or Treatment of Substance  
Abusive or Dependent Persons**

In accordance with the provisions of the General Statutes of Connecticut Section 19a-493:

Rushford Center, Inc. of Middletown, CT, d/b/a Rushford Center Inc is hereby licensed to maintain and operate a Facility for the Care or Treatment of Substance Abusive or Dependent Persons.

**Rushford Center Inc** is located at 883 Paddock Avenue, Meriden, CT 06450 with:

Jeffrey Walter as Executive Director

The service classification(s) and if applicable, the residential capacities are as follows:

Ambulatory Chemical Detoxification Treatment

This license expires **September 30, 2005** and may be revoked for cause at any time.

Dated at Hartford, Connecticut, November 25, 2003. INITIAL.



*J Robert Galvin M.D., M.P.H.*

J. Robert Galvin, M.D., M.P.H.,  
Commissioner